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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/532,744
Filing Date	April 26, 2005
First Named Inventor	Williams
Art Unit	TBA
Examiner Name	TBA
Attorney Docket Number	02-987-B

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 20306

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: The Assignee (MIICRO, Inc.) of the application/patent has changed their phone number and has moved. We have not been able to locate or contact them through diligent efforts.

CORRESPONDENCE ADDRESS

1. ☒ The correspondence address is NOT affected by this withdrawal.
2. ☐ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country				
Telephone			Email	
Signature				
Name	LISA M. W. HILLMAN		Registration No.	43,673
Date	12-2-05		Telephone No.	217 359 2998

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

IP4 Rec'd PCT/PTO 05 JAN 2006



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The reasons for this request are:

SEE ATTACHED

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to: See below
- ☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	MIICRO, Inc.			
Address	322 South Green Street Suite 202			
City	Chicago	State	Illinois	Zip 60607
Country	United States			
Telephone	630-379-4968		Email	
Signature				
Name	Lisa M.W. Hillman, Ph.D		Registration No.	43,673
Date	12-29-05		Telephone No.	217-239-1962, 215

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This request supplements the request of December 2, 2005. The undersigned was contacted by Terry Brown, Executive Vice President of MIICRO, Inc. (the Assignee of the application) on December 16, 2005. The undersigned indicated that a request for withdrawal as attorney had been filed for this application. Mr. Brown voiced no objection to the withdrawal. Mr. Brown indicated that MIICRO, Inc. was no longer present at the Green Street address but that MIICRO, Inc. was able to receive mail there.